



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
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(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

26171

7590

04/27/2004

**FISH & RICHARDSON P.C.**  
**1425 K STREET, N.W.**  
**11TH FLOOR**  
**WASHINGTON, DC 20005-3500**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,122	02/12/2002	Robert P. Felice	06181-911001	2335

TITLE OF INVENTION: **APPARATUS FOR ACTUATING A TOY**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$1330	07/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CEGIELNIK, URSZULA M.	3712	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Hasbro, Inc.**

(B) RESIDENCE (CITY and STATE OR COUNTRY)

**Pawtucket, RI**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

Director of Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Diana DiBerardino*

**Diana DiBerardino**  
**45,653**

(Date) **June 24, 2004**

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/28/2004 CNGUYEN1 00000090 061050 10073122

01 FC:1501

02 FC:8001

03 FC:1504

300.00 DA

1330.00 OP

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



# PTO CHECK REQUEST

<b>Date Requested</b>	6/22/2004				
<b>Requested By</b>	Diana DiBerardino/lbc				
<b>Matter Name</b>	Toy arm				
<b>Matter ID</b>	06181-911001				
<b>Payable To</b>	Commissioner of Patents and Trademarks				
<b>Check No.</b>					
<b>Check Date</b>					
<b>Check Amount</b>	\$1360				
<b>Category</b>	<b>Amount</b>	<b>Client Share</b>	<b>Partner Share</b>	<b>Office Share</b>	
870 Issue Fee Utility/Design	\$1330.00	\$1330.00	\$	\$	
875 Patent Copies	\$30.00	\$30.00	\$	\$	
	\$	\$	\$	\$	
<b>1 Month</b>	<input type="checkbox"/> Small Entity-\$55 <input type="checkbox"/> Large Entity-\$110	\$	\$	\$	\$
<b>2 Month</b>	<input type="checkbox"/> Small Entity-\$210 <input type="checkbox"/> Large Entity-\$420	\$	\$	\$	\$
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<b>5 Month</b>	<input type="checkbox"/> Small Entity-\$1005 <input type="checkbox"/> Large Entity-\$2010	\$	\$	\$	\$
<b>Billing Attorney</b>	John F. Hayden				
<b>Charge Office<sup>1</sup></b>					
<b>Explanation</b>					
<b>Responsible Attorney Signature</b>			<b>Date</b>		
<b>Approval Signature<sup>2</sup></b>	<div style="display: flex; justify-content: space-around;"> <span>_____ AQMinkus</span> <span>_____ SDPreston</span> </div>		<b>Date</b>		

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<sup>1</sup> If charged to office, the remainder of the form must be completed. If an extension fee, continuation, divisional, or fwc filing fee, or notice of appeal fee is charged to the office, the responsible partner shares the cost and must sign this request. In cases of combined attorney/client delay, the partner is expected to bill a reasonable amount to the client. Any remaining amount will be divided between the partner and the office according to the applicable percentage (0% of month 1 fee + 25% of month 2 fee + 50% of month 3 fee + 50% of month 4 fee).

<sup>2</sup> All client-related office charges greater than \$200 must be approved by AQMinkus and SDPreston. If advance approval is not possible, the person requesting the check must submit a write off request to SDPreston as soon as possible. Forms are found in Public Folders.